PTO/SB/22 (10-08)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | |
|---|---------------------|--------------------------|-----------------|
| FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 0012136 | .00131US1 |
| Application Number 10/788,539-Conf. #7079 | | Filed Feb | oruary 27, 2004 |
| For ADDRESSABLE NANOPORES AND MICROPORES INCLUDING METHODS FOR MAKING AND USING SAME | | | |
| Art Unit 1634 | | Examiner | N. K. Bhat |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| One month (37 CFR 1.17(a)(1)) | <u>Fee</u> \$130 | Small Entity Fee \$65 | \$ |
| × Two months (37 CFR 1.17(a)(2)) | | | |
| | \$490 | \$245 | \$ 245.00 |
| Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ |
| Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ |
| X Applicant claims small entity status. See 37 CFR 1.27. | | | |
| A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-0219 | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. | | | |
| Provide credit card information and authorization on PTO-2038. | | | |
| I am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| x attorney or agent of record. Reg | istration Number | 36,268 | |
| attorney or agent under 37 CFR 1.34. | | | |
| Registration number if acting under 37 CFR 1.34 | | | |
| Maykox scywfao | | November 24, 2008 | |
| Signature) ⁶ | | Date | |
| Mary Rose Scozzafava | | (617) 526-6015 | |
| Typed or printed name | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of 1 forms are submitted. | | | |